STATE OF KANSAS

DEPARTMENT OF HEALTH AND ENVIRONMENT
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GOVERNOR JEFF COLYER, M.D.
JEFF ANDERSEN, SECRETARY

Drug Utilization Review Board
Meeting Agenda, Open Session
January 09, 2019 10:00 a.m. – 2:00 p.m.
Meeting Location
DXC Technology, Building #283, Capital Room
6511 SE Forbes Ave, Topeka, KS 66619

Board Members

Moneeshindra Mittal, MD
James Backes, PharmD
Tim Heston, DO
Serena Stutzman, APRN
Roger Unruh, DO
LaTonyua Rice, PharmD, CGP
Jennifer Clair, MD
Katie Burenheide Foster, PharmD, MS, BCPS, FCCM

KDHE-DHCF Staff/Contractor

Annette Grant, RPh
Dr. Greg Lakin, DO, Chief Medical Officer
Markie O'Donnell, Transcriptionist

DXC Technology/HID Staff

Karen Kluczykowski, RPh
Kathy Kaesewurm, RN, BSN
Taylor DeRuiter, PharmD

MCO Staff

Angie Zhou, PharmD, Sunflower State Health Plan
Jennifer Murff, RPh, UnitedHealthcare Community Plan
Alan Carter, PharmD, Aetna Better Health of Kansas

I. CALL TO ORDER

A. Announcements and Introductions

II. OLD BUSINESS

A. Review and Approval of October 10, 2018 Meeting Minutes

III. NEW BUSINESS

A. Revised Prior Authorization (PA) Criteria

1. **Spinraza™**
   Spinraza™ is a survival motor neuron-2 (SMN2)-directed antisense oligonucleotide indicated for the treatment of spinal muscular atrophy (SMA) in pediatric and adult patients. Prior authorization criteria for this agent was last revised in July 2017. The prior authorization criteria are being updated to ensure appropriate use based upon the FDA-approved labeling and available drug information.
   i. Prior Authorization Criteria
   ii. *Public Comment
   iii. Board Discussion

2. **CGRP Antagonists (Emgality™ [galcanezumab-gnlm])**
   Calcitonin gene-related peptide receptor (CGRP) antagonists are medications indicated for the prevention of migraine. During the October 2018 meeting, the Board approved prior authorization criteria for the CGRP antagonist, Ajovy™. Since that time, another CGRP antagonist, Emgality™, has been FDA-approved for the prevention of migraine. This PA utilizes the same criteria to ensure consistency and appropriate use between similar agents.
   i. Prior Authorization Criteria
   ii. *Public Comment
   iii. Board Discussion

3. **Anti-Constipation Agents (Motegrity™ [prucalopride])**
   Motegrity™ is a selective serotonin type 4 (5-HT4) receptor agonist indicated for the treatment of chronic idiopathic constipation in adults and is included in the Anti-Constipation Agents PA Criteria. The prior authorization criteria were last revised in April 2018. The prior authorization criteria are being revised to be consistent with other agents and to ensure appropriate and cost-effective use.
   i. Prior Authorization Criteria
   ii. *Public Comment
   iii. Board Discussion

4. **Botulinum Toxins**
   Botulinum toxins carry multiple FDA-approved indications for use. Prior authorization criteria were last revised in October 2018. The prior authorization criteria are being revised for the step therapy requirements for the migraine prevention indication, consistent with other agents and to ensure appropriate and cost-effective use.
   i. Prior Authorization Criteria
   ii. *Public Comment
   iii. Board Discussion

B. New Prior Authorization (PA) Criteria

1. **Arikayce®**
   Arikayce® is an aminoglycoside antibiotic indicated for Mycobacterium Avium Complex (MAC) lung disease in adults who have limited or no alternative treatment options, as part of a combination antibacterial drug regimen in patients who do not achieve negative sputum cultures after a minimum of six consecutive months of a multidrug background regimen therapy. The prior authorization criteria are being proposed to ensure appropriate use based upon the FDA-approved labeling information and to ensure appropriate and cost-effective use.
   i. Prior Authorization Criteria
   ii. *Public Comment
   iii. Board Discussion

2. **Step Therapy Guidelines for Prior Authorization Criteria**
   A step therapy approach to care requires the use of a clinically recognized first-line or previously available drug before approval of a more complex and often more expensive medication where the safety, effectiveness and value has not been well established. General guidelines to be used for the drafting of step therapy prior authorization criteria for medications are being proposed.
   i. Prior Authorization Criteria
   ii. *Public Comment
   iii. Board Discussion

C. Miscellaneous Items

1. **Fee-for-Service Retrospective Drug Utilization Review Topic Selections**
   The DUR Board will select topics for the two (2) RDUR intervention topics between February and June 2019.
   i. Prior Authorization Criteria
   ii. *Public Comment
   iii. Board Discussion

II. OPEN PUBLIC COMMENT

III. ADJOURN

Lunch will be provided for the DUR Board members.
The next DUR Board meeting is scheduled for April 10, 2019.